FORM 4

Department of Education and Early Childhood Development Proforma

Parent Excursion Consent

Name of school:
SORRENTO PRIMARY SCHOOL

Title of excursion:
GOLDFIELDS CAMP

Educational purpose of the program:
To learn about life on the goldfields during the 1800s.
To build social relationships

Details of supervising staff:
Phillipa Gordon, Dan Liu, Will Lewis and parent volunteer Rachel Briggs

Name and contact details of the 24-hour school emergency contact:
Log Cabin Camp- Ph 53452756
SCHOOL MOBILE- 0400648820

Departure details
8:00 am Sorrento Pier, Wednesday 5th October

Return details
4:45 pm Sorrento Pier, Friday 7th October

Distance from expert medical care:
20 minutes

Accommodation arrangements:
CAMP CABINS

Travel arrangements:
FERRY
SEATBELTED BUS

Adventure activities to be undertaken or that may be offered to students throughout the program:
FLYING FOX, TRAMPOLINES, GIANT SWING- all safety procedures will be strictly adhered to.

A risk management plan for this program has been developed by staff and is available for parents to review on request.
**Student behaviour**

'I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.‘

**ICT/Photograph consent**

'I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.’ [Strike out if you do not consent]

'I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

**Consent for emergency transportation**

‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’

**Student accident insurance**

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

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**Parent consent**

I have read all of the above information provided by the school in relation to the GRADE FIVE GOLDFIELDS CAMP including any attached material.

I give permission for my daughter/son _________________________________ (full name) to attend the Year 5 camp to Ballarat from 5th – 7th October. I understand travel will be by ferry and bus.

Parent/guardian: ___________________________________________ (full name)

_________________________________________ (signature) ___________ (date)

In case of emergency I can be contacted on:

_____________________________ OR:

_____________________________

**Note:** Parents should also complete the 'Confidential medical information for school council approved school excursions'.
